



ITAXEXPERTS.COM
87 RIVERVIEW RD
JERSEY CITY, NJ 07305
Phone: 347-757-3636
Cell: 201-965-5301
Fax: 212-537-0261
E-mail: tax@ltaxexperts.com

INCORPORATION AUTHORIZATION FOR PROFESSIONAL CORPORATION

I, _____, authorize ITAXEXPERTS.COM, to file My incorporation papers with the _____ (State) for one of the following corporations, depending on availability of name:

(Please list at least three (3) desired names for your corporation)

1. _____
2. _____
3. _____

The address of the corporation will be:

Type of entity: (ENCIRCLE ONE)

- P.C.
- PC
- PA
- P.A.
- Professional Corporation
- Professional Association

BUSINESS DESCRIPTION:

Profession you will be practicing?



ITAXEXPERTS.COM
87 RIVERVIEW RD
JERSEY CITY, NJ 07305
Phone: 347-757-3636
Cell: 201-965-5301
Fax: 212-537-0261
E-mail: tax@ltaxexperts.com

PAYMENT:

I would like this processing to be: (Please circle one)

- 1. Regular Processing Time
2. Expedited Processing Time
3. 24 Hours Processing Time

I also agree to pay ITAXEXPERTS.COM \$ ____*. This fee will include fee which has to be paid to the Department of State, Department of Education and any fee for a certified copy of the incorporation papers, as well as the fee for a corporation kit.

^ Please fill in Fee Amount as Mentioned in Fee Schedule. Or Fee Discussed with Accountant.

Signed By,

(Shareholder Name)

(Date)

(Shareholder Signature)

SHAREHOLDER INFORMATION

Shareholder #1

Full Name: _____

Social Security Number: _____ - ____ - _____

Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Percent of Shares Owned: _____%



ITAXEXPERTS.COM
87 RIVERVIEW RD
JERSEY CITY, NJ 07305
Phone: 347-757-3636
Cell 201-965-5301
Fax: 212-537-0261
E-mail: tax@ltaxexperts.com

Title (President, Vice President, etc.): _____ Signatures _____

Phone #: _____ E-mail Address: _____

Shareholder #2

Full Name: _____

Social Security Number: _____ - _____ - _____

Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Percent of Shares Owned: _____ %

Title (President, Vice President, etc.): _____ Signatures _____

Phone #: _____ E-mail Address: _____

(Attach additional sheets if necessary)

Remarks:



ITAXEXPERTS.COM
87 RIVERVIEW RD
JERSEY CITY, NJ 07305
Phone: 347-757-3636
Cell 201-965-5301
Fax: 212-537-0261
E-mail: tax@ltaxexperts.com

CREDIT CARD AUTHORIZATION

Name of Corporation (to be incorporated)

I hereby authorize ITAXEXPERTS.COM to use the following credit card to pay State registration fees and charges:

Name on the Credit Card: _____

Credit Card Number: _____

CC Expiration Date: _____ Security (CSV) Code: _____

CC Billing Address: _____

City: _____ State: _____ Zip Code: _____

Signature of Card Holder _____

Notes:

p